MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047330
STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 207

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0192		
2	0190		
3	1		
4	0		
5	1		
6			
7	1		
8	2		
9	9		
10	8		
11			
12	1-0		
13	20		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED DEC 26 1963

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville
Length of stay in 1b: 1 week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cass Co. Memorial Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cass
c. CITY OR TOWN Archie
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RFD
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First WILLIAM Middle AUSTIN Last CRONIN

4. DATE OF DEATH: Month Dec. Day 18, Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9/19/1899

9. AGE (last birthday): 64

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Davenport, Iowa

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William M. Cronin

13b. MOTHER'S MAIDEN NAME: Catherine E. Reily

14. NAME OF HUSBAND OR WIFE: Edna Mabel Cronin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT: Edna Mrs Mabel Cronin Address: RFD Archie, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ACUTE RENAL FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): SUPRAPUBIC PROSTATECTOMY — 6 days
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): PULMONARY EMBOLUS

PART III. If deceased was female was there a pregnancy in last 90 days? ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1960 to Dec. 18, 1963 and last saw him alive on Dec. 18, 1963
Death occurred at 1215 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: O D Barger (Degree or title) MD

22b. ADDRESS: Harrisonville Mo

22c. DATE SIGNED: 19 Dec 63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 12/21/1963

23c. NAME OF CEMETERY OR CREMATORY: Kellerton Cemetery

23d. LOCATION (City, town, or county) (State): Kellerton, Iowa

24. FUNERAL DIRECTOR ADDRESS: Atkinson Dickey, Harrisonville, Mo

25. DATE RECD. BY LOCAL REG.: 12-21-63

26. REGISTRAR'S SIGNATURE: Ray J. Lebree

(Licensed Embalmer's Statement on Reverse Side)

JAN 2 1964

JAN 23 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Robert W Atkinson

Licensed Embalmer No. 4902

Lawrenceville, Mo.
P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.